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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

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	PICI	K UP:	09/22/2020		
	CERTIFIED COPY				
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	V&H MANAGEMENT, LLC (CORPORATE NAME AND DOCUMENT #)				
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IAI.	CTIONS:				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

V&H Management, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7162 Saratoga Waters Way Lake Worth, Fl 33467 Mailing Address:

7162 Saratoga Waters Way Lake Worth, Fl 33467

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name
7162 Saratoga Waters Way
Florida street address (P.O. Box NOT acceptable)

Lake Worth
City
State
Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

JOSHUA HUGHES

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV -

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	Joshua Hughes 7162 Saratoga Waters Way Lake Worth, Fl 33467	SECILETY
		——————————————————————————————————————
(Use attachment if necessary)		
If an effective date is listed, the date mu prior to or 90 days after the date of filin Note: If the date inserted in this block do	in the date of filing: est be specific and cannot be more than five by est not meet the applicable statutory filing require ffective date on the Department of State's recor	rements, this
	TES, MEMBER mber or an authorized representative of a membe	Pr.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 1 am aware that any false information submitted in a document to the Department of State Constitutes a third degree felony as provided for in s.817.155, F.S.

JOSHUA HUGHES, MEMBER

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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